



REQUEST FORM FOR EQUIPMENT
College of Dentistry - Information Technology

Admin Assts. ☎ 4299999 x 95772 Fax ☎ 8011111 x 14010 Mail Code ✉ 1243 E-mail 📧 cod-help@ksau-hs.edu.sa P.O. Box 📦 22490, Riyadh 11426

EMPLOYEE INFORMATION

REQUESTED BY:	BADGE NO.:
POSITION / JOB TITLE:	DATE:
DEPARTMENT:	TEL. NO:

ITEM NO.	DESCRIPTION OF ITEMS	JUSTIFICATION	NO. OF EXISTING ITEMS	NO. OF NEEDED ITEMS	ROOM NO.

REQUESTOR NAME: _____ SIGNATURE: _____

DEPARTMENT LEVEL APPROVAL (IMMEDIATE SUPERVISOR)

_____	_____	_____	_____
NAME & SIGNATURE	POSITION / JOB TITLE	BADGE NO.	DATE

FOR COD - INFORMATION TECHNOLOGY USE ONLY

COD - IT SERVICES APPROVAL

APPROVED DISAPPROVED

COMMENTS:

ENGR. AMIN AL AWAD	IT MANAGER	18372	
NAME & SIGNATURE	POSITION / JOB TITLE	BADGE NO.	DATE